

## NAELA Members as Resources: Issue List

The National Academy of Elder Law Attorneys' (NAELA) has members that are valuable public policy and substantive law resources. Within the membership we have expertise in almost all federal, state and local programs serving or affecting the elderly. Many are willing to be supportive of the work of legislators and regulators, and will provide expert opinions, testimony, articles, and other written materials upon request. Issue areas include, but are not limited to:

- Alternative Dispute Resolution
- Disability Law
- Estate Planning
- Health Care Decision Making and End of Life Issues
- Health Care Advanced Directives
- Long-Term Care Planning
- Long-Term Care Insurance
- Managed Care
- Medicare
- Medicare Appeals
- Medicaid
- Mental Capacity Issues
- Nursing Home Care, Law, and Litigation
- Public Interest Representation (including Legal Services Corporation and Older Americans Act delivery systems)
- Retirement Housing
- Retirement Planning
- Guardianships, Conservatorships and other Surrogate Decision Making processes
- Social Security
- Supplemental Security Income
- Tax Planning
- Trusts and Wills

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## A SUMMARY OF NAELA MEDICAID PUBLIC POLICY GUIDELINES

Based on the experiences of NAELA's members with millions of older and disabled clients, NAELA supports the following Medicaid guidelines.

**General: Until a comprehensive system for long-term care financing and services for all Americans is in place, Medicaid should continue its role as a federal-state program, with:**

- a guarantee of coverage of specific benefits to all individuals eligible under state plans;
- income eligibility rules that take into account out-of-pocket medical expenses including long-term care;
- protections against impoverishment of spouses and dependent and disabled children of nursing home residents; and
- funding to accommodate growth in the need for assistance.

Both the public and private sectors should be involved in providing for long-term care and in reducing a person's risk of impoverishment.

**Medicaid Restructuring: States face significant financial burden and should receive increased federal contributions to Medicaid.** Medicaid restructuring must not include any changes that would weaken the current obligation that the federal and state governments have to provide a comprehensive set of benefits to all individuals who meet eligibility criteria.

**Benefits and Coverage: Medicaid's benefit package should provide access to the most current and effective medical treatments and technologies, and a comprehensive range of facility-based and community-based health, social, and support services**

**Eligibility: Medicaid must have a single, uniform minimum federal standard of eligibility and administration. Uniform laws and regulations are necessary for approval of Medicaid applications, denial of coverage, and the appeals process.**

**Affordability: Medicaid services must continue to be provided with only nominal cost-sharing and should not place financial hardship on beneficiaries, their spouses and dependents.**

**Consumer Protections and Quality: The Medicaid program must include impartial decision-making accomplished by a system of both internal and external review.** Each person or his/her health care proxy, if applicable, must receive meaningful notice of

all major decisions affecting his or her care in language that is easily understood, have full access to information, and assistance with appeal to an impartial decision maker in a timely manner.

**Waivers:** Section 1115 Medicaid Waivers should be evaluated and approved based on their prospects for expanding services or populations served, improving quality of service or delivering service more effectively and efficiently. States must not be permitted to make federal income and asset rules or spousal impoverishment rules more restrictive under waivers.

**Education:** Public education should include information about the possible need for long-term care and the availability of financing options, including long-term care insurance.

